

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101588578 FILING DATE

APPLICANT(S),

6/10/05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2	1		1		1		
3	1		1		1		
4	1		1		1		
5	1		1		1		
6	1		1		1		
7	1		1		1		
8	1		1		1		
9	3		3		3		
10	1		1		1		
11	1		1		1		
12	1		1		1		
13	1		1		1		
14	1		1		1		
15	1		1		1		
16	1		1		1		
17	1		1		1		
18	1		1		1		
19	1		1		1		
20	1		1		1		
21	1		1		1		
22	1		1		1		
23	1		1		1		
24	1		1		1		
25	2		2		2		
26	2		2		2		
27	2		2		2		
28	4		4		4		
29	4		4		4		
30	4		4		4		
31	1		2		2		
32	2						
33			1				
34			2				
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49							
50							
TOTAL IND.	4		3				
TOTAL DEP.	43	◀	46	◀			
TOTAL CLAIMS	47		49				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.		◀					
TOTAL CLAIMS							